

Patients and users have the right to file a grievance regarding care or service that is unsatisfactory or file a complaint about Seymour Health UPCC Laboratory staff without fear of discrimination or retaliation. The laboratory will ensure that the complaint is resolved in a fair, efficient, and timely manner. All complaints are confidential and will be given serious attention. The patient complaint form will be routed to the appropriate laboratory operations director or medical director, who will address your concern directly. Please fill and email the form to Margaret.green@seymourhealth.ca

GENERAL INFORMATION

First and Last Name	
Phone number	
Email	

ABOUT THE COMPLAINT

Department involved	
Date and time of incident	
Staff involved (include name/job title)	

SUMMARY OF PROBLEM OR REASON FOR COMPLAINT:

Patient/User Signature & Date:	

FOR USE BY SHUPCC LABORATORY ADMINISTRATION ONLY

Complaint number:	
Complaint directed to:	
Laboratory Operations Director Signature and date of receipt:	